## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

CURRENT CORRESPONDENCE ADDRESS (Note; Use Block 1 for any change of address)

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571) 273-2885

Note: A certificate of mailing can only be used for domestic mailings of the

INSTRICTIONS: This form, should be used for transmitting the INSUE FEE and PUBLICATION FEE (if required), Blocks I through 5 should be completed where appropriate. All further correspondence including the Haten, advance orders and ondification of maintenance few will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PEE ADDRESS" for maintenance few lens of m

WOLF, GREENFIELI 600 Atlantic Avenue Boston, Massachusetts				papers. Each as have its own or I hereby certify States Postal S addressed to the	dditional paper, si ertificate of mailin Certificate of y that this Fee(s) ' ervice with suffici he Mail Stop IS	och as an assi, g or transmiss Mailing or Transmittal is ient postage fo SUE FEE ad	gament or formal drawing, mus sion. Transmission being deposited with the United or first class mail in an envelop dress above, or being facsimile the date indicated below.
				Judy D	alcy		(Depositor's name
				/Judy I	Daley/		(Signature
				EFS-W	EB 11/30/2010		(Date
APPLICATION NO.	FILING DATE	FIRST NAM	MED INVENT	OR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.
10/532,278	04/21/2005	Gabri	io Roncucci		M1100.70	002US00	8497
TITLE OF INVENTIO	N: MESO-SUBSTI	IUTED PORPHYRINS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICA	ATION FEE	TOTAL FEE	S) DUE	DATE DUE
Non-Provisional	yes	\$755.00	\$3	00.00	\$1,055.	00	11/30/2010
EXA	MINER	ART UNIT	CLASS-9	SUBCLASS			
	Ward	1624		4-185			
Address* (37 CFR 13.4  Change of co. Correspondence  "Tee Address*; form PTOSB/- Use of a Custo Name PLEASE NOTE: Un for recordation as set (A) NAME OF ASSIG  L. Molteni & C. De Please check the appropria	respondence address to Address form PTO/SB/Indication for "Fee Addres",? Rev 03-02 or more received and Resident See address for the See address f	r Change of 22) attached, a training serior automays (2) the name is list A TO BE PRINTED ON T de debew, no assignee data ampletion of this form is NC (cories (will not be printed on the	names of up or agents OR, a me of a single; d attorney or gistered patent ted, no name v HE PATENT will appear or T a substitute B) RESIDEN Scandicci, c patent):  Payment of I	firm (having as agent) and the attorneys or age will be printed. (print or type) in the patent. If a for filling an as CE: (CITY and traly Individual	a member 2 names of ents. If no 3 nassignee is ideasting member 1 nassignee is ideasting member 2 names of 2 n	600 Atlantic	the document has been filed
X Issue Fee  X Publication Fee  Advance Order	(No small entity discoun-	permitted) X Payr	ment by credit		O 2038 is attache		or credit any overpayment, to
_			osit Account N		23/2825		,,,
a. Applicant cla The Director of the USPT NOTE: The Issue Fee and	Publication Fee (if require	utus. See 37 CFR 1.27.	(if any) or to	re-apply any pre	viously paid issue	fee to the appl	tatus. See 37 CFR 1.27(g)(2). lication identified above. t; or the assignee or other party in
Authorized Signatu	ire	/Michael J. Pomianek/	,		Date	Nov	vember 30, 2010
Typed or printed no		Michael I Pomianek Ph			Registrat		46 190

hereby cer accordance	tify that this corresponder with 37 CFR 1.6(a)(4):	nce is being transmit	ted via the Office electronic filing syster
	Commissioner for Pate P.O. Box 1450 Alexandria, VA 22313		
on	November 30, 2010 Date	<del>-</del> ·	
		/Judy Daley/ Signature	
	Typed or printe		gning Certificate
Registrati	Typed or printe on Number, if applicable	Signature Judy Daley	gning Certificate  Telephone Number
	, ,	Signature Judy Daley d name of person si	Telephone Number
Note: Ea	on Number, if applicable	Signature  Judy Daley d name of person si	Telephone Number